

# KANSAS SUPPLEMENTAL REBATE BID SUBMISSION PROCESS

## General Information

Supplemental rebate offers are accepted:

1. When a new drug is reviewed by the PDL Committee for an already established PDL class.
2. When a newly proposed class of drugs is reviewed and has received final approval by the DUR Board, for addition to the PDL.
3. Annually, during the supplemental rebate review period for an existing PDL class. The rebate contract schedule pertaining to annual PDL class reviews is listed below.

### New drugs to an existing PDL class

For supplemental rebate offers for new drugs to existing PDL classes, please reach out to the Pharmaceutical Program Manager prior to the market date of the drug or at the latest, by the day after the PDL meeting. Supplemental rebate offers should be submitted to the Kansas Department of Health and Environment (KDHE) Pharmaceutical Program Manager via email at [Annette.Grant@ks.gov](mailto:Annette.Grant@ks.gov).

### New drug classes added to the PDL

New drug classes approved for addition to the PDL by both the PDL committee and the DUR Board will be added to the rebate bid rotation schedule in the chart below. Bids for the new drug class should be dated according to the schedule as listed below.

### Existing PDL Classes

Bids for supplemental rebates are reviewed every year for existing PDL drug classes. This is a KDHE-DHCF administrative procedure and the PDL class is not reviewed by the PDL Committee at this time\*. See the rebate bid rotation schedule below. Interested vendors should submit rebate offers by the 1st day of the review period (first column).

For all drug supplemental rebate offers, please refer to the most current rebate contract listed on the KDHE website. <https://www.kdhe.ks.gov/DocumentCenter/View/456/CMS-Approved-Template-PDF>

*\*Class reviews at the PDL Committee meetings occur only when there is a new agent in the class or when there is new, compelling, peer reviewed data about the class.*

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## Supplemental Rebate Bid Schedule

BIDS DUE	CONTRACT PERIOD	DRUG CLASS	STC
<b>November 1st</b>	<b>January 1<sup>st</sup> through December 31st</b>	Anticholinergics for the Maintenance Treatment of COPD	B61 B60
		Beta2-Agonists – Long-Acting	B6Y B6Z
		Beta2-Agonists – Long-Acting/ Anticholinergics	B62
		Beta2-Agonists – Long Acting/Corticosteroids	B63
		COPD Agents- Triple Therapy	B64
		Corticosteroids - Inhaled	B6M
		DPP-4 Inhibitors	C4J
		DPP-4 Inhibitor Combination Agents	C4F C4C
		Hepatitis C Antiviral Agents – Direct Acting Hepatitis C Antiviral Agents – Refractory Treatment	W0A, 0B W0D, W0E W0G, 5V W5Y
		Insulin - Short and Intermediate Acting Insulin - Long-Acting	C4G
		Insulin/GLP-1 RA Combination- Long Acting	C4X
		Migraine- Acute Treatment -Non-Triptans	H3F
		Pancreatic Enzyme Replacements	D8A
		Pulmonary Hypertension Agents	B1B, B1C B1D, B1F
		SGLT2 Inhibitor/DPP-4 Inhibitor Agents	C4W
		SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide	C4Y
		Tobramycin Products – Inhaled	W1F

BIDS DUE	CONTRACT PERIOD	DRUG CLASS	STC
<b>February 1st</b>	<b>April 1<sup>st</sup> through March 31st</b>	Anti-Infective/Steroid Combinations – Ophthalmic	Q6I, Q6S Q6W

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BIDS DUE	CONTRACT PERIOD	DRUG CLASS	STC
May 1st	July 1 <sup>st</sup> through June 30 <sup>th</sup>	Anti-Coagulants	M9L M9T M9V
		Anti-Constipation Agents	D6G D6S
		Bladder Relaxant Agents	R1A R1I R1V
		Colony Stimulating Factors- Filgrastim Products	N1C
		Colony Stimulating Factors- Pegfilgrastim Products	N1C
		Dry Eye Disease	J3B, Q2C
		Erythropoiesis-Stimulating Agents	N1B
		GLP-1 Receptor Agonist	C4I
		Migraine – Prophylaxis Treatment – CGRPs	H3F
		Phosphate Binder Agents	C1A
		Platelet Aggregation Inhibitors – Secondary Cardiac Prevention	M6P
		Thrombopoietin Receptor Agonists	N1F

BIDS DUE	CONTRACT PERIOD	DRUG CLASS	STC
August 1st	October 1 <sup>st</sup> through September 30 <sup>th</sup>	Atopic Dermatitis Agents - Topical	Q5K T0I
		Growth Hormones	P1A
		Immunomodulation Agents – Adult Rheumatoid Arthritis Ankylosing Spondylitis Asthma Atopic Dermatitis* Crohn’s Disease Juvenile Idiopathic Arthritis Plaque Psoriasis Psoriatic Arthritis Ulcerative Colitis	D6A, D6K L1A S2J, S2M S2Q, S2Z V4D, V4G Z20, Z23 Z2L, Z2R Z2U, Z2V Z2W, Z2Z
		Inflammatory Bowel Disease Agents – Oral	D6F, Q3B P5A
		Methotrexate Products	S2N
		PCSK-9 Inhibitors	M4T

\*Initial contract date range for Atopic Dermatitis Agents: July 1, 2022 through September 30, 2023.

## KANSAS SUPPLEMENTAL REBATE BID SUBMISSION PROCESS

### Rebate Contract Submission Process:

**Step 1:** Manufacturer obtains the CMS-approved Supplemental Drug Rebate Agreement with Schedule A (supplemental rebate bid form) at: <https://www.kdhe.ks.gov/DocumentCenter/View/456/CMS-Approved-Template-PDF>

**Step 2:** Manufacturer completes and emails the Supplemental Drug Rebate Agreement with Schedule A. Effective 04/08/2020, the Supplemental Rebate contracts are to be received electronically with electronic signatures and will be returned electronically. Please complete the contract template/bid form and email to the DHCF-KDHE Pharmaceutical Program Manager at the following email address: [Annette.Grant@ks.gov](mailto:Annette.Grant@ks.gov)

All accepted contracts will guarantee that non-preferred PDL prior authorization will not be required for the duration of the contract. If a non-preferred drug becomes equal or less costly than the preferred drug(s), that drug(s) may be moved to preferred status, as long as current contract limitations do not prevent this change.

#### Schedule A Information Required:

1. 11-digit NDC number
2. Product name, strength and dosage form
3. Supplemental rebate amount per unit for the full contract date range.

#### Contact Information Required:

1. All fillable fields in the contract, that are not state representative signature block fields.

**Step 3:** DHCF-KDHE will notify manufacturer of acceptance or rejection after the net costs have been calculated.